

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560591

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2			1				
3					1		
4					1		
5					1		
6					1		
7					1		
8					1		
9			8		1		
10			9		1		
11					1		
12					1		
13					1		
14					1		
15			8		1		
16			10		1		
17			5		1		
18			2		1		
19			6		1		
20					1		
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49							
50							
TOTAL IND.			1				
TOTAL DEP.			19				
TOTAL CLAIMS			20				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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98							
99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							